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ALCOHOLISM -- THE MOST NEGLECTED HEALTH PROBLEM IN AMERICA

TESTIMONY BEFORE HEALTH APPROPRIATIONS SUBCOMMITTEE ON LABOR-HEW

On Fiscal 1974 Budget for National Institute on Alcohol Abuse
and Alcoholism

10 AM Wednesday, July 25, 1973

Room S-128, Senate Wing, Capitol Building

by

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Mr. Chairman and Members of the Committee:

It is a privilege to appear before this distinguished committee this morning to acquaint you with the facts regarding the Administration's inexplicable emasculation of the national alcoholism program. Since the National Council on Alcoholism has testified before your committee in both 1971 and 1972, in the interests of time I will not repeat the shattering figures on the incidence of alcoholism in this country.

However, several months ago the National Commission on Marihuana and Drug Abuse, appointed by President Nixon, with the addition of two members from the Senate and two members from the House, issued a report covering two years of study and field hearings, stating flatly that "alcohol is the most widely used and most abused drug in the United States today."

The National Commission, headed by Raymond P. Shafer, the former Republican Governor of Pennsylvania, summarized 482 pages of findings in this significant quote: "It is estimated that over nine million Americans are alcoholics, that over fifty per cent of our crimes are alcohol-related, and that over fifty per cent of our highway accidents are alcohol-related. And these figures don't take into consideration the other social harms that result from alcoholism, such as absenteeism from work, family arguments and disputes, and other social costs that are caused because of the misuse of alcohol."

We hear a lot today about the fact that the youth of our country are involved in the usage of marihuana and many other abusive drugs. The Shafer report took this data into consideration, but still came out with the flat statement that the most dangerous and widely used drug among the youth of our country is alcohol. More than twenty-five per cent of our young people are consumers of alcoholic beverages. In the 22-to-25-year age bracket, more than two-thirds of our young people are regular consumers of alcohol.

Mr. Chairman, we are not prohibitionists, nor do we want to imply that the millions of our people who use alcohol are alcoholics. However, a significant minority cannot handle this lethal drug, and they are the ones who make alcoholism our nation's fourth largest public health problem.

A comparison of Federal monies spent on alcoholism compared with money spent on other drugs is both revealing and discouraging. It is estimated that expenditures of various Federal agencies on drug abuse in 1972 approximated one billion dollars, while only eighty-seven million dollars was appropriated for alcoholism.

Even in the National Institute of Mental Health, where the National Institute on Alcohol Abuse and Alcoholism is presently located, \$243 million is spent for drugs -- three times the money spent for the prevention of alcoholism.

In the research field, where we need to know so much more about the various causes of alcoholism, less than seven million dollars is spent on research in alcoholism, as compared to more than five times that sum for research on other drugs.

The Federal government collects \$4.5 billion in taxes on alcoholic beverages each year. It spends less than one-half of one per cent of this tax revenue for all research, training and service programs in the field of alcoholism.

A little over two years ago, we finally felt that we had made a small but significant beginning in the fight against this massive disease. On December 31, 1970, President Nixon signed into law P. L. 91-616, which authorized \$300 million over a three-year period to finance the opening round of a national effort against alcoholism. However, the Administration has recommended less than one-half of this authorization since 1970, and we have suffered the consequences.

However, we thought we were still on the up-grade last year, when the House rejected the Administration recommendation of \$98 million for the Alcoholism Institute and instead voted \$156.5 million. The Senate raised this figure to \$192 million, and a compromise was reached at \$172 million. However, as all of you well know, the President twice vetoed HEW bills, and we were caught in the over-all picture.

For Fiscal 1974, the Administration recommends \$86,421,000 for the

Alcoholism Institute -- \$12 million less than it recommended just a year ago.

This is not a partisan issue. As far back as 1969, Senator Barry Goldwater told the Senate that: "Clearly the time has come for us to face this problem and mount an aggressive campaign against it." On May 25, 1972, Senator Harold Hughes introduced S.3644, a three-year renewal of the basic Alcoholism Act in somewhat expanded form. Commenting on the introduction of the new legislation, Senator John Tower of Texas, a co-sponsor of the 1970 alcohol legislation, said this on the Senate floor: "I have been most pleased with the programs that have developed in the short span of less than two years. All fifty states have already developed their state alcoholism plans. Congress now needs to extend and expand the program of alcohol rehabilitation begun by the 1970 Act by passing S.3644."

The Congress did just that on June 21 of this year, when it unanimously extended the Comprehensive Alcohol Abuse and Alcoholism Treatment and Rehabilitation Act for three years. While we are delighted with the renewal of the Act, we are naturally somewhat disappointed that the enacted bill authorizes only \$460 million over a three-year period -- \$80 million less than the bill originally introduced by Senator Harold Hughes in March of this year. In explaining this cut on the floor of the Senate on June 21, Senator Hughes had this to say:

"Members will note that in the interest of budget restraint, we have cut \$80 million from the amounts authorized in the original bill. These cuts will result in holding the Fiscal 1974 authorizations for alcoholism programs at approximately the 1973 level...I agreed only reluctantly to these reductions below the amounts in the original bill. They were especially painful because the Administration has not allowed funds to be used for new community alcoholism projects since the end of Fiscal 1972, more than a year ago."

Mr. Chairman, now let us get down to the nitty-gritty of the Fiscal 1974 budget.

There are two major components of the Federal alcoholism effort: formula grants to the states so that they can plan and develop broad treatment facilities and, secondly, special project grants to individual local communities, agencies, etc., so that they can zero in on such special areas of concern as the public drunk, the drunken driver, the Indian alcoholic, the alcoholic in the ranks of both management and labor, and so on.

In block grants to the states, the Congress late last year -- under considerable urging from the states -- unanimously renewed for Fiscal 1974 the \$80 million authorization for these grants.

Why the emergency? Because all fifty states had completed their alcoholism plans but were unable to carry them out despite the fact that many states appropriate fairly sizable sums for State Commissions on Alcoholism. In Fiscal 1973, the authorization for block grants was \$80 million, but the Administration sent up only \$30 million. This committee in 1972 appropriated \$75 million, but our rejoicing was short-lived because of the two HEW vetoes.

Mr. Chairman, we are realists. We know something about the problem of inflation and taxes, and we are not asking for the moon. In the area of block grants, we are requesting only \$50 million -- far below the authorization -- although we have hard documentation that to fund existing state plans would cost four or five times this sum.

However, we want to concentrate our testimony -- and this is where we

take the real beating -- on the special project grants which go out to the people at the grass roots. For all of these community and local programs which are designed to treat rather than punish the alcoholic, the Administration recommends the ridiculous sum of \$40,222,000 for Fiscal 1974. I cannot describe the purpose of these special project grants better than was done in the report of the House Interstate and Foreign Commerce Committee which accompanied the original 1970 legislation:

"The legislation reported by the committee will make it possible for the Institute to make grants to public and private nonprofit agencies, organizations, and institutions and enter into contracts with public or private agencies and individuals to develop programs for the prevention and treatment of alcohol abuse and alcoholism. It is vitally important for these programs to be community based, and to utilize public health rather than criminal or other punitive measures, in order to provide the most effective treatment possible."

The Special Project Grants section of the Alcohol Institute is absolutely swamped with sound and scientifically approved applications which it cannot fund because of the inadequate sums recommended by the Administration. Time does not permit informing this committee of the many project areas which are starving for funds, but I would like to zero in on the implementation of the Uniform Alcoholism and Intoxication Treatment Act adopted in 1971 by the National Conference of Commissioners of Uniform Laws and recommended by it for enactment in all the states.

In essence this Act states as broad public policy, for the first time in the history of the Republic, that alcoholism is a disease -- not a penal offense -- and that its millions of victims should be treated and brought back into the

mainstream of American life. The present Administration was quick to endorse the principles of the Act. In November, 1971, then Secretary of Health, Education and Welfare Elliot Richardson wrote a letter to every state Governor, proposing immediate adoption and implementation of the Uniform Act. In that letter Secretary Richardson wrote: "In giving my full support to this Act I intend to promote its adoption by the states as well as to promote the early initiation and expansion of more effective services for alcoholic persons."

Mr. Chairman, we can write all the letters we want to, and we can recommend a model treatment act for alcoholism, identify it as a disease, but none of this is going to mean a hill of beans until we actually have local programs and facilities where these sick people can be treated.

The National Council on Alcoholism, along with the Alcohol and Drug Problems Association of North America, has devoted a great deal of its limited resources to aiding some states in the passage of the Uniform Act. Our major obstacle in many states has been the feeling that even when a state passes a law declaring alcoholism a treatable disease, it then does not have the financial wherewithall to treat the alcoholic. Right here in the District of Columbia we have had a model law since 1966 but practically no progress in treatment facilities. The alcoholic still revolves through the court and jail process and winds up at the horribly overcrowded work farm at Occoquan.

Mr. Chairman, we are deeply alarmed at the increased number of alcoholics being warehoused in the back wards of mental institutions. For years the schizophrenic patient comprised by far the largest per cent of

first admissions to these state institutions; over the past five years the alcoholic has moved far ahead of the schizophrenic and now comprises close to 35 per cent of first admissions to these institutions. A recent survey also disclosed that mere custody of alcoholics in these institutions costs the states more than \$500 million. What more dramatic example could we have of the need for local, neighborhood treatment facilities so that these people are not consigned to a lifetime of misery at the expense of the American taxpayer? This Administration says it is devoted to workfare and to the reduction of the welfare rolls; it might be surprised to know that in many counties of our country today, alcoholics comprise fifty per cent and more of those on the relief rolls.

How can we accomplish the goal of treating rather than jailing the alcoholic when the Administration recommends only \$40 million in special project grants, which compares with an authorization of \$90 million? And we don't even have the \$40 million for these programs. When \$15 million in alcoholic programs were transferred out of OEO last year and over to the Alcoholism Institute, the Institute got the 250 projects, but it didn't get the money. It was told to finance these 250 OEO projects out of the President's 1974 recommendation.

So we don't have \$40 million -- we have the magnificent total of \$25 million for special project grants.

What are the human consequences of these cutbacks? I have the documentation, and it is painful. As of June of this year, 273 local projects aggregating \$40 million in approved but unfunded alcoholism programs have not been paid. Not a single project grant has been awarded since June, 1972. I

know from personal experience that many people out at the grass roots have spent a year and more working up a neighborhood treatment program, getting local matching monies and going through all the bureaucratic hurdles necessary to get an application approved.

To what end?

One example will have to suffice. On January 11, 1971, Secretary of Health, Education and Welfare Elliot L. Richardson and Secretary of Transportation John Volpe held a press conference here in Washington to announce a "powerful offensive" against the drunken driver who kills 30,000 people a year and seriously injures another million people. What has happened in the intervening two years since the press trumpets blared forth? The Department of Transportation, with large grants running in some cases to two million dollars per project has set up 35 programs in various parts of the country where it is doing a commendable job detecting the drunken driver and trying to get him off the highway. But those with knowledge in the field of alcoholism know that you can find the drunken driver, you can jail him or you can take away his license, but that doesn't deter him. He must have his drink, and he will go on doing what he is doing until someone treats his illness.

A very preliminary survey from 15 of the first 35 Department of Transportation projects turned up more than 20,000 drunken drivers who were repeated offenders and who definitely needed treatment. However, the same survey noted that only a very small percentage of these drunken drivers were receiving treatment for the very simple reason that facilities were not available in their communities.

In cooperation with the Department of Transportation, the National Institute on Alcoholism has tried to develop treatment programs coordinated with the 35 key drunken driver detection projects. In other words, when the drunken driver is picked up there is an immediate attempt to get him into a treatment program. However, because of lack of funds, the NIAAA has been able to support only 12 of these coordinated projects. Just to locate treatment facilities in the 35 sites now run by the DOT would cost an additional \$8 million. In very simple terms, the Institute on Alcoholism pennies can't match the Department of Transportation dollars.

But now even these pennies are gone. The contemplated phase-out of project grants in alcoholism by the Administration will guarantee continued slaughter on our highways.

Other project grant programs could be dealt with in equal detail if there were enough time.

Alcoholism is twice as prevalent among our Indian population as among the rest of our population. Yet, because of its restricted budget, the Institute will not be able to fund 36 approved projects on Indian alcoholism costing only five million dollars in the current year and in Fiscal 1974.

Exciting Labor-Management programs are under way to detect the executive and the worker who have problems with alcoholism in an attempt to save these people and put a halt to the loss of hundreds of thousands of skilled people at both the executive and the assembly line level. The National Council on Alcoholism has made this one of its major program emphases. Our Labor-Management

division is receiving reports from industry that approximately 70 per cent of executives and workers in these programs are being treated and retained on their jobs. Just a few years ago, most of them would have been fired, their lives and those of their loved ones would have been ruined and most of them would have wound up as tax-eaters rather than tax-payers.

The Institute does not have enough money for this program now -- it should have scores of trained people working with industry and labor unions in developing alcoholism rehabilitation programs. However, under the President's 1974 budget proposals, even the small amount going into this area will be wiped out.

Mr. Chairman, I have consciously devoted the major part of my testimony to the funding aspects of our alcoholism activities, because an authorization without an adequate appropriation is meaningless.

It is really a heartbreaking experience to go down a list of several hundred alcoholism projects which have been scientifically approved at the regional and national level and have not been funded -- in some cases for a year and more. In following through on a selected list of projects which interested me, I found out that in every case the local community had raised required matching money, the state legislature had voted its share of the money, but the Federal government was still writing long-winded letters which in essence said "no Federal funds."

In very simple terms, Mr. Chairman, when the \$40 million the Alcoholism Institute has been allocated by the Administration to close out continuing projects is used up, there will not be one special alcoholism program with Federal funds among the entire fifty states.

Again, coming down hard on the side of realism, we recommend the minimum sum of \$80,322,000 for special project grants in alcoholism in Fiscal 1974. Tragically, this recommendation will not start a single new local program in alcoholism. It will merely fund the 273 scientifically approved projects which will have to be carried over from Fiscal 1973.

This is not progress, gentlemen -- it is mere survival.

Mr. Chairman, I append to this statement the official budget recommendations approved by the Board of Directors of the National Council on Alcoholism.

COMPARATIVE BUDGET FIGURES -- NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

	<u>Fy 1973</u> <u>Pres. Budget</u>	<u>Fy 1974</u> <u>Pres. Budget</u>	<u>NCA Recommendations</u>
<u>RESEARCH</u>	\$ 8,582,000	\$ 6,901,000	\$ 10,901,000
<u>TRAINING</u>	\$ 4,946,000	\$ 3,763,000	\$ 6,763,000
COMMUNITY PROGRAMS:			
<u>PROJECT GRANTS</u>	\$ 49,336,000	\$40,322,000	\$ 80,322,000
<u>GRANTS TO STATES</u>	\$ 30,000,000	\$30,000,000	\$ 50,000,000
<u>MANAGEMENT AND INFORMATION</u>	\$ 5,213,000	\$ 5,435,000	\$ 6,435,000
<u>TOTAL BUDGET FIGURE</u>	\$ 98,077,000	\$86,421,000	\$154,421,000
<u>TOTAL VOTED BY HOUSE LAST YEAR</u> -	\$156,500,000		
<u>TOTAL VOTED BY SENATE LAST YEAR</u> -	\$192,000,000		
<u>TOTAL INCREASE RECOMMENDED BY NCA OVER ADMINISTRATION Fy 1974 REQUEST</u> -			\$68,000,000